State of Wyoming Department of Family Services

Date: <u>08/16/2022</u>

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FACILITY VISIT

Facility Name: Ohana Child Care

Date: <u>08/16/2022</u>

Time: <u>10:00</u>

Provider: _____

Certificate #: <u>016841</u>

Phone: <u>307-764-1880</u>

Address: 256 South Jones

City: Powell

Facility Type: ___ FCCH ___ FCCC X_CCC

Comments/TA Provided:

Playground inspection completed on this date. New sun shade to be added. Discussed stabilization grant. 4-infant: 2 staff.

Childcare Licensor:

Dicrector/Providor: